

CLINICAL NEWS CONGRESS

AMERICAN COLLEGE OF SURGEONS

Founded by Surgeons of the United States and Canada, 1913

SAN FRANCISCO, WEDNESDAY, OCTOBER 12, 1966

Medicare Should be Boon To Graduate Education Of Surgeons: Dunphy

MEDICARE should be more of a help to graduate surgical education in the long run, than a detriment.

At least that's the view from today's perspective, according to a past president of A.C.S. Speaking at a press conference in his role as moderator of a symposium on "Impact of Medicare on Graduate Surgical Education" was J. Englebert Dunphy, San Francisco.

"From the point of view of the law creating MEDICARE, we see no serious concern," he said. "The law will provide a high calibre of surgical care for the beneficiaries. Conceivably, the regulations to implement the law which will be used this year might interfere, or at least restrict, the type of programs that have characterized American surgical education for the past 35 years. But we don't think this will occur."

He added that: "The searchlight of public scrutiny will be on medical care more than ever before, thanks to MEDICARE." All the nation's hospital beds will be filled by patients "in the foreseeable future." Further he ascribes this as another impact on MEDICARE.

Said Dr. Dunphy, "I believe under MEDICARE that another impact will be to provide more personalized care for the patient in community and county hospitals."

Care for patients in such hospitals will be
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AMBULANCE ON EXHIBIT

Today from 10 a.m. to 2 p.m. in front of the Civic Auditorium a completely equipped ambulance from one of San Francisco's five emergency hospitals will be on exhibit.

A medical steward, the trained attendant who with the driver mans each of the 14 S.F. ambulances, will show equipment and answer questions.

This ambulance is to be taken off duty for four hours through the courtesy of Ellis D. Sox, director of Public Health, San Francisco.

Heart-lung resuscitator, stretcher and other equipment used in San Francisco's ambulances can be inspected from 10 to 2 today. Visitors will also see Resuscianne, a full-size inflatable mannequin from Sweden.

Earl Blake is superintendent of the Emergency Hospitals from which the ambulance is on loan.



Michael O'Meara, Oakland, Calif., takes part in Operation Head Start for surgeons. This doctor of the future studying at McGraw-Hill's Booth 203 in Brooks Hall is the son of Mr. Lee O'Meara, exhibitor at Duke Laboratories' Ex. 203.

See Industrial Exhibits for New Ways To Come Clean to the Operating Room

Soap will no longer suffice. Not plain soap, that is. Not for cleaning the hands of surgeons.

Today's surgeon uses soap-plus. And the plus added to soap is what you can see at various booths in the Industrial Exhibition in Brooks Hall as manufacturers work up lathers in their efforts to compete for your favor in the scrub room.

Come to think of it, we're wrong about that. There's Neutrogena at Booth 111. It is, after all, "a mild, transparent, ethanolamine base soap containing no free alkali. It is not a detergent nor is it medicated." It is unique, you'll learn, because it is extremely mild and is well tolerated—in part, because its large molecule penetrates hardly at all.

It's great, therefore, for dermatitis, acne, subacute infantile eczema and other skin problems. The ladies love it and can get a small purse-sized sample or mailed samples on request.

Closer to the experience of the ladies, too, is Dial (Booth 518). Again, there are carry-

away samples (full-size, white or gold), as well. And you can sign up for mail-home samples of this deodorant bath and beauty soap which, everyone knows, contains hexachlorophene and 3,4,4'-trichlorocarbonyl.

And if you like hexachlorophene, there is also pHisoHex at Booth 529. Again, samples are available, not only of the sudsing bacterial skin cleanser, but of pHisoDan, which is "for control of dandruff and allied scalp conditions." Ask for the booklet which tells how "The introduction of pHisoHex as a surgeon's hand scrub ushered in a new era in surgical antisepsis."

At Booth 235, Davis & Geck will be glad to tell you of their "significant advance in surgical scrub technique" known otherwise as Pre-Op. This is a "textured surgical scrub sponge." The unique product is a sterile and disposable hunk of black polyurethane sponge that contains a 3% hexachlorophene soap. Each Pre-Op sponge, further, has enough soap for a good 10-minute scrub before being thrown away.

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Transplant of Pulmonary Valve for Aortic Works in Tests

An ideal replacement for a diseased aortic valve is the pulmonic valve in the same heart, experiments in dogs show. It can be removed without causing functional damage.

R. Cree Pillsbury and Norman E. Shumway of Stanford University, said the pulmonic valve, located in opening of the pulmonary artery in the right ventricle of the heart, is similar in structure and function to the aortic valve. But it rarely becomes diseased. Being of the same tissue, it does not provoke foreign body reaction or rejection.

The authors reported that eight dogs have undergone complete removal of the pulmonic valve; their right ventricle was reconnected to the pulmonary artery. The aortic valves were then removed and the trimmed pulmonic valves were sutured in their place.

All eight animals lived longer than one month. Two lived and remained well 12-to-14 months postoperatively.

Even though the dog tolerates absence of the pulmonary valve well, replacement of it with a prosthesis or a valve graft from another animal would protect the right ventricle in the human being, the authors said.

A valve inserted into an artery in the leg and threaded upward into the aorta toward the heart has been devised. Its purpose is to temporarily aid patients with acute aortic valve disease and those with far-advanced progressive disease too ill to tolerate a major surgical procedure.

Valve Reduces Heart's Workload

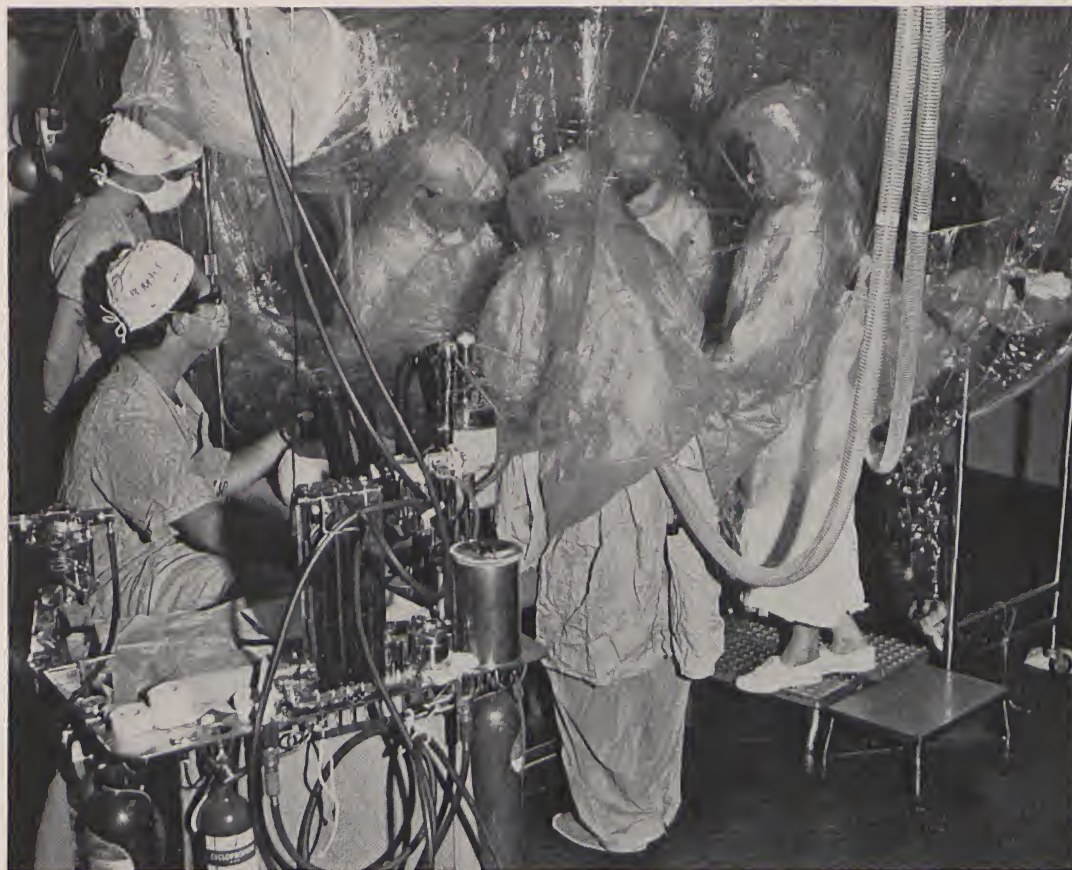
Robert L. Berger, of St. Elizabeth's Hospital and Tufts University, Boston, said the valve, though leaky, improves the efficiency of the heart by reducing its workload. Its feasibility of long-term use is now being evaluated in dogs.

Dr. Berger explained that when the aortic valve is attacked by rheumatic fever or other degenerative illnesses, it becomes deformed and functions inefficiently. The heart muscle compensates by overwork. With passage of years, the valve progressively deteriorates until eventually the heart cannot cope with the excessive burden, and it fails. Physical activity is then restricted. Even a bed-and-chair existence is difficult. Premature death is inevitable.

With the recent advances in surgery, a damaged valve can be replaced with an artificial plastic device. Frequently, however, the lungs and other organs are congested from heart failure. The presence of such congestion is hazardous. Unfortunately, there are instances where the congestive heart failure does not respond to treatment and the outlook is gloomy. If the workload could be reduced, the heart would recover sufficiently so that a valve replacement might be feasible.

Thus the advantage of the heart valve designed by Dr. Berger. It can be inserted without a major operation and under local anesthesia.

Wound infection is responsible for the ma-



At Booth S-105 in the Scientific Exhibition, Brooks Hall, Civic Auditorium, is displayed the isolator shown here by a group from Albert Einstein College of Medicine, Bronx, N.Y., and Bronx Municipal Hospital Center. At yesterday's Forum this group reported on 60 patients who underwent surgery while thus isolated. This is one of more than 300 scientific and surgical exhibits to be seen at the 52nd Congress.

jor portion of deaths following an extensive burn. Yesterday a research group from Boston reported gratifying results using silver nitrate to control these infections.

The authors warned, however, that the use of the compound produces a considerable loss of sodium and chloride from the wound; this in itself can be life-threatening unless adequate replacement is given.

To avoid the hazards of salt depletion, the authors undertook a program of clinical and experimental investigation to determine the exact rate and extent of sodium loss. If the loss per unit of area burn is known, effective replacement can be provided in a timely manner. In treatment of severely burned adults and children at Massachusetts General Hospital, control of salt and water loss was found not to be difficult.

"It must be emphasized, however, that these impressive results were obtained in patients who were started on silver nitrate treatment immediately after injury," the authors said. "In those patients who had other forms of initial therapy, the results have not been consistently as effective."

The study was carried out by Conrado C. Bondoc, Peter J. Morris, Timple Wee, and John F. Burke.

In another report, Richard E. Phares and F. X. Paletta, of St. Louis University, said that contractures can develop with use of silver nitrate and said that deep burns of the neck, underarm, knee and flexor surfaces of the hand

are best treated by early excision and skin grafting. The large, solid split-thickness skin graft will heal with minimal scarring, undergo little contraction, and maintain maximum range of motion for the joint, they said.

Penicillamine, a breakdown byproduct of penicillin, delays healing of wounds in animals, according to a report presented Tuesday.

In determining the nature of the problem, Sami A. Youssef of Albert Einstein College of Medicine, found that the penicillamine weakens the fibrous connective tissue, collagen.

Penicillamine has been used in the treatment of Wilson's disease, a disturbance accompanied by the accumulation of abnormal amounts of copper in the body. Recently, a number of side reactions have been reported. The skin of the patients, particularly at the sites subject to pressure or trauma (such as the knees, shoulders and elbows) become friable.

Dr. Youssef said the study may have significance for patients on high doses of penicillin, since the antibiotic is partly metabolized to penicillamine in the body.

Associated with Dr. Youssef in the study were E. F. Geever and Stanley M. Levenson.

In the section on Gastric Physiology, Jean Manzi and Rene B. Menguy, University of Chicago, characterized the gastric inhibitory substance (GIS) in human saliva as follows:

It is secreted in larger amounts in saliva stimulated by mechanical means; acid (citric) stimulation of the salivary glands produces

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Replacements in Faculty For P.G. Courses Listed

Last-minute changes in the staff of two Post-graduate Courses are:

Cardiovascular Surgery:

John W. Kirklin, Birmingham, as moderator of Friday morning's session on aortic and mitral valve disease, replacing Denton A. Cooley, Houston.

Adjunctive Measures in Cancer Surgery:

Thursday morning's class on cancer of the stomach will be conducted by George L. Jordan, Houston, instead of Gordon McNeer, New York. Modern treatment of chorionepithelioma will be given by Robert Bruce Wilson, Rochester, Minn., instead of Roy Hertz, Washington.

Friday morning's session will be moderated by Oliver H. Beahrs, Rochester, Minn., instead of by Guy F. Robbins, New York.

Medicare Should be Boon

(Continued from Page 1)

forced to improve. County hospitals will just have to improve facilities available."

A member of the panel, Carleton Mathewson, San Francisco, commented, "Patients will go where they know they will get good care."

Dr. Dunphy agreed: "Patients don't mind whether or not they're going to a teaching hospital. Back in Boston, many of my private patients didn't mind being used in teaching situations. Private or indigent, the same criterion has to always apply: is the patient's condition of interest and is he well enough to be studied?"

"Patients today are hospital-oriented rather than doctor-oriented, anyway," said Frederick S. Cross, Cleveland. He pointed out that more and more patients are going to emergency rooms rather than to private doctors when they are ill or injured. For this reason, he pointed out, his own institution, Cleveland Clinic, is building a large outpatient facility.

Dr. Dunphy pointed out that private doctors are increasingly referring their patients to such clinics. "Look at Mission Emergency Hospital here," he said. "We see lots of patients all of the time who on week-ends or at night can't find their own doctors."

Also, he pointed out, hospital care is increasingly pointing in the direction of teams and not individual doctors. Furthermore, the nurse, as an essential member of such teams, has become increasingly important.

All of this, summed up Dr. Dunphy, is the result of MEDICARE and can serve only to better graduate surgical education.



Intent on the Shumway open-heart procedure telecast Monday by the S.K.&F. Medical Color Television Team from Palo Alto are (l-r) Mrs. Robert V. Johnson, Dr. Johnson, Major Manuel J. A. Hinds and Mrs. Hinds, from U.S.A.F. Academy, Colorado.

Drama (Cont.)

(Because of the vagaries of getting the written word printed, our exclusive account of an open-heart operation, most of which ran in yesterday's edition, is being concluded today. The narration, by writer Theodore Berland, relates in detail the tense humor and skill accompanying an open-heart operation at Stanford by Norman Shumway, carried by throbbing color TV to the Civic Auditorium.)

The panel talks about pre-op digitoxin and asks Dr. Shumway what is the heart blood pressure. "110." The heart work is finished, but it is too early to call the operation complete. Now Dr. Shumway looks for air bubbles. An air embolism that climbs to the brain can cause paralysis—or worse.

Seventy-five minutes. The heart-lung machine is totally disconnected from the living, now beating heart. Dr. Shumway asks for a stethoscope and listens directly to the heart's beats. A panelist taunts him, "How about the pressures, Norm, how about the pressures?"

Another panelist: "Do you do this so you can collect as a cardiologist, as well, Norm?"

Snickers, giggles from the audience, which has during this hour and a half been very receptive to the friendly banter among the heart surgeons. Usually such sessions are so deadly serious. Not that Dr. Shumway takes his work lightly. He doesn't. But as he works on the living heart of a patient, he can kid back to his hypercritical critics. This, after all, is one mark of accomplishment and professionalism.

The final tribute, in fact, comes at the end, when these panelists declare, "Very well done, Norm," and the audience applauds and you walk away with the feeling that you'd like a surgeon with this level manner to operate on you, if you ever were in the lineman's situation.

And you come away, too, feeling, that this televising in living, throbbing color of an operation being conducted now some miles away down the peninsula is really at the heart of the Clinical Congress and is what this is all about, after all.

Today's Color TV Features Graft Bypass by Dr. Lee, Medical Secretary's Ulcer

R. Hewlett Lee, Frederic P. Shidler, Thomas S. Nelsen and their patients are the stars on today's telecasts from Palo Alto-Stanford Hospital under the direction of Roy B. Cohn.

At 10 a.m., Dr. Lee's patient will be a 57-year-old man afflicted with intermittent claudication. The man, who is a university president, has had a couple of heart attacks from which he has recovered well. Dr. Lee plans to bypass the obstruction with a graft.

At 2 p.m., Dr. Shidler's patient will be a 46-year-old married woman whose gallbladder he will remove. While the lady has the usual complaints attendant upon this condition, she is neither fat nor fair, but thin and brunette.

At 3:30, a medical secretary who apparently has a marginal ulcer gets into the act. Dr. Nelsen will do an exploration and surgical correction. She was operated on 5 years ago for stomach ulcer. She is now enduring a recurrence of the difficulties, with pain and vomiting.

The surgeons who take part in the foregoing procedures as panelists include persons from as far north as Vancouver, B.C., and Edmonton, Alb., and as far south as Melbourne, Australia. From Athens, Greece, comes Pan Chrysospathis. Allan M. Beech is from Down Under. Walter C. MacKenzie is the Edmonton participant, Allan D. McKenzie, from Vancouver.

Johnston Society

Johnston Surgical Society is to meet for cocktails at 7, dinner at 8, tonight at Trader Vic's, San Francisco. Communicate at once for reservations with Scott Woods, Room 102, Richelieu Hotel, 673-4711.

Tripod Yours?

A tripod in a black case is waiting for its owner to pick it up at the Information Desk, Civic Auditorium.

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Pulmonary Valve Transplant Works; 'Shower Curtain' Isolates Germs

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less GIS. It is not destroyed by boiling, by acid hydrolysis of saliva, or by digestion of saliva with Panaine or Pronase. It is secreted primarily by the sublingual glands; submaxillary glands secrete little, and parotid glands secrete no GIS.

Dr. Menguy and Laurent Desbaillets also described the influence of ACTH on the secretion of gastric mucous. The volume of mucous secreted by the gastric antrum decreased, then returned to control levels after ACTH injections were discontinued.

In addition, the biochemical composition of the mucous secreted during the administration of ACTH was altered. The most significant change was a decrease in the concentration of sialic acid.

Because pituitary stimulation of the adrenal cortex usually accompanies stress, these data suggest that stress ulcers may be due, in part, to an impairment of the "mucous barrier."

Observations supporting the conclusion that the original vessels in skin grafts constitute its permanent vasculature were reported by J. Alex Haller, Jr., Johns Hopkins University; John Rauenhort, Baltimore; John Adkins, Durham; and Rupert E. Billingham, Philadelphia.

"The mandatory utilization of intrinsic graft vasculature for survival of the graft focuses attention upon the important role of the blood vessels in graft rejection or survival," the authors said.

The question the authors sought to answer was: "Are the graft's own vessels used for its permanent circulation or are they of little significance with a new vascular supply being built through capillary invasion from the host bed?"

A plastic shower curtain-like isolator designed to protect the operative field from outside bacteria and fungi has been used in sur-

gery on 60 patients in the Bronx—and it works.

The unique set-up allows only sterile air, sterile instruments and supplies, and the surgeon's gloved hands to touch the wound. Its developers described it Tuesday afternoon at the Surgical Forum:

"The isolator (sterilized by ethylene oxide) is hung like a shower curtain from a supporting framework which also supports the conduits for carrying cooled air and intercom cables. Four to six helmet-jacket positions are incorporated into the walls. Individual controls for air temperature, flow, and intercom system are housed in a console. Attachment of the isolator to the incision site was via a built-in adhesive panel."

Making the report were Surgeons Seymour Alpert T. Salzman, Louis R. M. Del Guercio, Stanley M. Levenson; and Nurses M. LaDuke, and M. Johnston. The team is from Yeshiva University's Albert Einstein College of Medicine and Bronx Municipal Hospital Center.

The team reported that, thanks to their technique, "There were no major postoperative wound infections." They explained that the patients, chosen consecutively, were operated on for techniques ranging "in complexity from herniorrhaphies to cholecystectomies with common duct exploration and cholangiography, to gastric resections and intestinal resections, portacaval and splenorenal shunts and femoral head replacements. The patients were chosen at random and received no unusual preoperative care. All operations were elective."

Before preparation, 54% of the patients had bacterial contamination at the operative site, as revealed by cultures. 80% of the operative fields were sterile after preparation and remained so.

Concluded the Bronx team: "Major surgery can be safely and readily performed in the surgical isolator with the exclusion of the exogenous bacteria."

Yale

Yale medical alumni and friends are invited to convene on Thurs., Oct. 13, at 6:30 p.m. in Suite 1707 at the Sir Francis Drake Hotel. Communicate with Robert Amonic or Edward Terino via the Message Center (863-1394).

Dartmouth Hospitals

Alumni of Dartmouth affiliated hospitals will have a reunion, celebrated with cocktails, in the Walnut Room, Sir Francis Drake, Wed., Oct. 12, 6 - 8 p.m. Wives are invited.

Madden and St. Clare

The John L. Madden Surgical Society and St. Clare's Hospital staffers are gathering in Room 408, St. Francis Hotel, Wed., Oct. 12, at 6 p.m.

St. Luke's, New York

Surgical alumni of St. Luke's Hospital, New York, will gather for cocktails in the French Room, Fairmont, from 5 to 7:30 p.m., Wed., Oct. 12.

Morrow Society

The Andrew G. Morrow Society is holding a "by invitation only" dinner, Wed., Oct. 12, at 5:30 p.m., at the San Francisco Press and Union League Club, 555 Post St. Information seekers can call Dr. Cohn of San Francisco at 752-0174.

Presbyterian, New York

Surgical alumni of the Presbyterian Hospital, New York, will give a cocktail party Wed., Oct. 12, 5:30 - 7:30 p.m., Wine Cellar, University Club, 800 Powell St. Wives are welcome.

Initiates Are to Obtain Caps and Gowns Today

Initiates are requested to go to Rm. 316 at the Civic Auditorium today between 9:30 and 5:30 to obtain the mortarboard and gown which they will wear at the Convocation Thursday evening when they are admitted to Fellowship. Representatives of the E. R. Moore Co., Chicago, will be official costumers to the College, at Rm. 316 again Thurs., Oct. 13, from 9:00 to 5:30, to see that Initiates are correctly and promptly outfitted.

Initiates are urged to call for these regalia as soon as possible, as Mr. Moore would be chagrined to have a long-legged doctor show up in a shorty gown, or a short type in a gown with a train. He is also particular about the fit of mortarboards.

Following the Convocation Thursday night, the just-become Fellows are to return their outfits to the Moore men, who will then be in Larkin Hall.

Initiates are expected to assemble in the Main Arena, Civic Auditorium, at 4:45 p.m., Thurs., to be briefed in the Convocation ritual.

Wednesday's Ciné Clinics

Arena, Civic Auditorium

8:30 a.m.

René B. Menguy, Chicago, *Presiding*

Aseptic Intestinal Anastomosis

Bernard Zimmerman, Morgantown

Imperforate Anus

William B. Kiesewetter, Pittsburgh

Intussusception

Mark M. Ravitch, Chicago

Management of Massive Hemorrhage from the Lower Gastrointestinal Tract

J. Englebert Dunphy, San Francisco

Presentation of Plaques to 1966 Ciné Clinic Participants

Preston A. Wade, New York

Joel R. Brown, Jr., Danbury, Conn.

Howard A. Patterson, New York

Anorectal Operations for Hemorrhoids,

Abscesses, Fissures and Fistulas

Patrick H. Hanley, New Orleans

Blind Loop Syndrome

John H. Wulsin, Cincinnati

William A. Altmeier, Cincinnati

Alfred M. Keirle, Cincinnati

Crohn's Disease

Allan D. McKenzie, Vancouver, B.C.



In today's first Ciné Clinic, Bernard Zimmerman exposes tumor of descending colon prior to resection and reconstitution by closed anastomosis technique.

Soap Exhibitors Cleaning Up

(Continued from Page 1)

You can get a real-life sample or order dispenser boxes of 36.

Vestal Laboratories at Booth 103 has hexachlorophene, too, but no samples. It proclaims "A new system, including Septisol, Tincture Septisol, and Septisol Skin Cream greatly improves skin degerming techniques." Suggested is that the surgeon scrub with one of the first two, then apply the cream immediately after. Also, use the soap "whenever possible for casual washes and for bathing."

Huntington Laboratories (Booth 622) will be most eager to show you their infection control products. You can put your hand under the spigot and press your foot on the valve and get a bit of Sana-Rinse, which uniquely "eliminates the harmful effects of alcohol rinses while retaining its benefits." It pairs alcohol with hexachlorophene. You can also get literature there on Germa-Medica soap with hexachlorophene and Hexa-Germ, the antiseptic skin detergent with you-know-what. Here, too, you can learn about GSI, a surgical handwash that "employs controlled iodine," which kills germs, and doesn't just control them.

Of course, there is also Betadine Surgical Scrub at Booths 114 and 807. The people with brown stains on the backs of their hands will be glad to tell you that their scrub "is an antiseptic germicidal cleanser containing Providone-Iodine as the active ingredient. It retains essentially the non-selective microbicidal action of iodine, yet virtually without the undesirable features associated with iodine." Its golden lather kills antibiotic-resistant germs, fungi, viruses, protozoa, and yeasts. Oh, those brown spots are promoted as the "color of protection" against infection afforded by the sister product, Betadine Solution, a nonstinging topical antiseptic.

And no matter which soap or scrubbing solution of whatever, you can use Weck's sterilizable scrub file and brush (Booth 305). The stainless steel file can be sterilized repeatedly and clips into the hollow back of the nylon brush.

Besides soaps, there are other handy items for Congress-goers. At Booth 136, you can get samples of Mylanta Liquid or tablets or Mylicon for tummy problems, or, relief of abdominal distress. At Booth 615, they're handing out Maalox pills No. 1 and No. 2, and Ascriptin (aspirin-Maalox). At Booth 529 there are Win-Gel antacid tablets. And at Booth 105, there are pocket-size containers of Titalac, "for relief of gastric hyperacidity." Get it?

Loyal ACSers, too, can look at official jewelry they can purchase from Morgans, Booth 328.

Air Force Surgeons

Air Force surgeons are meeting for cocktails at Fort Mason Officers Club, Rathskeller, 6 p.m., Thurs., Oct. 13. Wives are invited.



GERMAN MUSEUM AT MUNICH AND THE RIVER ISAR

When the American College of Surgeons and the German Surgical Society (*Deutsche Gesellschaft Fur Chirurgie*) meet together in Munich, June 26-29, 1968, sessions will be held in the *Deutsches Museum*, chiefly in the *Kongressahl* (foreground). Headquarters will be the *Bayerischer Hof*. On June 25 the visitors will be received by the Bavarian government. American Express Co. is handling travel arrangements. (German Information Center Photo)

1967 Sectional Meetings to be Held in San Diego, Colorado Springs, New York; In 1968, Germany

In 1967, Sectional Meetings will be held in San Diego, Colorado Springs and New York.

In 1968, Munich will be one of the four meeting places. Others will be Vancouver, B.C., Dallas, and Williamsburg, Va.

Maurice J. Brown, San Diego, is chairman of the Californians in and near San Diego who will welcome visitors to the January 23-25, 1967, meeting at the Hotel Del Coronado, San Diego.

Robert Woodruff, Denver, heads the group sponsoring the February 15-17 session at the Broadmoor in Colorado Springs.

John L. Madden heads the local advisory committee for New York, February 27-March 2, at the Americana.

At New York there will be a nurses' program.

Any doctor of medicine with the required credentials may attend any or all of the Sectional Meetings.

Doctors should initiate as soon as possible plans to go to Munich in 1968 when the *Deutsche Gesellschaft für Chirurgie* (German Surgical Association) and A.C.S. will convene June 26-29. Some information can be picked up at a booth near A.C.S. exhibits in Brooks Hall.

Fritz Linder, Heidelberg, is setting up the program for Munich. Dr. Linder, H. Burkle de la Camp, Freiburg, and Rudolf Zenker, Munich, are attending this Congress.

Scientific sessions in Munich will be at the *Deutsches Museum*. Registrants will stay at the *Bayerischer Hof München*, official headquarters, and other inns for which the Bavarian city is noted.

Who will talk about what at San Diego and Colorado Springs will be in College's November-December 1966 BULLETIN. Make plans.

Foreign Governors, Surgeons, Guests Make Congress Rounds



Members of the Board of Governors from abroad who attended its Sunday meeting are (seated l-r) Sir James Paterson Ross, London, Eng.; Alfonso Topete, Guadalajara, Mexico; and Yervant D. Jidejian, Beirut, Lebanon. Standing (l-r) are Ruperto Vargas, Santiago, Chile; Enrique J. Roncoroni, Rosario, Argentina; A. Gonzalez-Revilla, Panama City; Guest Alberto Escallon, Bogota, Colombia, secretary of Colombia Chapter; Fernando Cabieses, Lima; Luis F. Torres, Jr., Manila; and Leopoldo E. Lopez, Caracas.



J. Englebert Dunphy, San Francisco, is enjoying the company of Tord Skoog, Uppsala, and (r.) Oscar P. Hampton, Jr., St. Louis. Dr. Skoog made the Seudder Oration on Trauma.



Rolland C. Lowe (l.) and John R. Crew, San Francisco, enjoy reading the official Program for Congress.



Mrs. Matthew Kim, Port Chester, N.Y., is photographed with (l.) her father-in-law, Physician Byung Woo Kim, visitor from Korea, and (r.) her husband, Dr. Kim.



Preston A. Wade, New York, greets John D. Porterfield, director, Joint Commission on Accreditation of Hospitals. Dr. Wade is chairman, A.C.S. Board of Regents.

What Do You Suggest, Governor?

Presidents of chapters and members of the Board of Governors are requested to submit within the next 30 days topics they would like to have discussed at their breakfasts at the 1967 Sectional Meetings. Suggestions are to be sent to the Board of Governors, A.C.S., 55 E. Erie St., Chicago, Ill. 60611 within the next 30 days.

Fellows' Annual Meeting

Thurs., Oct. 13, 1966

4-4:45 p.m.

Civic Auditorium, Main Arena

Initiates Invited

Dr. Paul A. Weiss Gives Science Lecture at 1:30

Paul A. Weiss, a renowned scientist with three advanced degrees and an international reputation, will present the I. S. Ravdin Lecture in the Basic Sciences at 1:30 p.m. today, at War Memorial Auditorium.

Dr. Weiss, Rockefeller University professor emeritus, holds these degrees: Ph.D., M.D. (Hon.), Sc. D. (Hon.). Thus he is eminently qualified to speak on his subject, "The Cellular Mechanics of Wound Healing."

The Ravdin Lecture is an annual feature of the Congress, which honors during his lifetime a past president of the College, who is himself internationally eminent, Isidor S. Ravdin of Philadelphia.

Registration

Registration for this Clinical Congress appears to be heading for a record, according to Edward G. Sandrok, assistant director and comptroller. The figures, as of closing yesterday:

Doctors	8,792
Ladies	3,734
Indust. Exh.	976
Visitors	208
Staff/Press	191
Total	13,901

In the doctors category, 4,700 are Fellows; 708 Initiates; 861 residents; and 2,523 other M.D.s.